

A HEALTHY LOUISIANA



Starts With Us

**Louisiana Office of Public
Health
Strategic Plan
2014-2019**

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Louisiana State Capitol Building, Baton Rouge, LA

MESSAGE FROM THE DIRECTOR



Dear Friends,

It is with great excitement that we present our new five-year strategic plan for the Office of Public Health. This plan is the culmination of the extraordinary work of more than 43 individuals from within our Office, of a variety of professional backgrounds and from across the state, with a singular focus: the health of Louisiana's people. It establishes our mission, vision, core values, and strategic priorities, representing our shared understanding of who we are as an organization. This will better equip the office to bring about health in our state through programs, infrastructure, and people. Indeed, this is captured in our plan's theme: **A Healthy Louisiana Starts With Us.**

The strategic plan is a dynamic framework affording us the opportunity to continually work to find new ways to make “living” the plan more successful. This will be accomplished by developing more concrete ideas and recommendations for programs and policy that align with the plan's goals and objectives and enhance the office's strategic priorities. More specifically, the plan provides a common road map to start making more progress in a sustainable way, by strengthening and integrating our technology and data infrastructure, increasing financial sustainability, promoting more meaningful collaboration, reducing health disparities, and improving workforce development. I have no doubt that we will continue to collectively turn this plan into action.

This is an exciting time for the Office of Public Health, and especially for the people of Louisiana. All of us play a vital role in building a healthier Louisiana and our efforts are not limited to the implementation of the strategic plan. In this sense, our office will continue to actively and meaningfully engage communities in our upcoming State Health Assessments, State Health Improvement Plan, and other activities. This plan sets a new path for us to enhance quality and performance, increase transparency and accountability, make technology more interoperable, overcome and breakdown disparities in health, and ultimately improve our health outcomes. I invite you to join us as we work to more effectively improve the health of Louisiana's families and communities. To borrow the wise words of others: **If not us, who? If not now, when?**
A Healthy Louisiana Starts With Us. Today.

Sincerely,
J.T.

J.T. Lane
Assistant Secretary for Public Health

ACKNOWLEDGEMENTS

This document has been developed by the Louisiana Office of Public Health. Dedicated health professionals gave of their time and expertise for the creation of this document, to devise a comprehensive action plan to better the health of the citizens of Louisiana. We wish to extend our gratitude to those diligent individuals who worked to make this plan a reality:

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PURPOSE OF THE PLAN

The plan was created through a collaborative effort of OPH employees. It provides the department and Louisiana stakeholders with a clear picture of where the health department is headed (strategic priorities) and the method by which tasks will be accomplished. In addition, it identifies the measures to monitor progress. The plan has enabled OPH to establish priorities, guide planning, and define strategy that allocates resources and energy to fulfill its mission. Roles and responsibilities have been defined to be fulfilled by OPH and its partners for the next five years.

“A strategic plan sets forth what an organization plans to achieve, how it will achieve it, and how it will know if it has achieved it. “

Public Health
Accreditation Board
(PHAB)

In 2013, the Louisiana Office of Public Health began its participation in the National Public Health Improvement Initiative and embarked upon the road to national accreditation with the Public Health Accreditation Board. To carry out the process, it was necessary to formulate an OPH 5-year strategic plan. A steering committee was chosen to work with our consultant, Laurie Call of the Illinois Public Health Institute.

This project was deemed important for OPH as one that would enhance our services to our communities and the State. Besides being necessary for national accreditation, the strategic plan would establish a unified vision for caring for our communities by monitoring our environment, keeping drinking water safe, and protecting us all from unsafe food handling practices. The plan would enhance the provision of medical services for the prevention and treatment of illness, augment the delivery of mother and child nutrition, and discourage behaviors that contribute to chronic diseases. Last, but certainly not least, we wanted to bolster the State’s response to public health emergencies, such as hurricanes and rapidly-spreading communicable disease outbreaks.

Why now?

National Public Health Accreditation

Focus on Accountability

Need for new approaches

Effective utilization of resources

Importance of continuous learning and improvement

The successful implementation of this plan will depend, in part, on available resources to address the identified goals and objectives. Now that we have established goals and objectives, OPH must collect baseline data for each of the objectives against which we will measure our progress. OPH is establishing a data collection methodology along with an analysis and reporting mechanism to collect data, examine progress, and report results to stakeholders. The plan will be evaluated over the next five years and will be modified

as needed and required. We will regularly track progress on the objectives. When a strategy is not having the desired effect, it is important to analyze why and to determine whether a change in the strategy or target needs to occur.

Every OPH employee has a role for the implementation of the OPH Strategic Plan. OPH is confident that with strong and committed employees and partners, the agency Strategic Plan will move forward in a successful manner.

Tammy Hall, Ed.D.
Director
Performance Improvement Unit

ABOUT THE OFFICE OF PUBLIC HEALTH

The DHH Office of Public Health is comprised of 1,300 professionals across Louisiana who are charged with protecting and promoting the health of the communities of our state. Engineers, doctors, chemists, biologists, nurses, sanitarians, clinicians, emergency preparedness experts, and a host of other professionals work constantly to:

- monitor the food Louisiana's residents and visitors eat
- keep our water safe to drink
- fight chronic and communicable disease
- ensure readiness for hurricanes, disasters, and other threats
- ensure access to vital records like birth certificates, and
- offer preventive health services.



The Louisiana Office of Public Health has established six centers and four offices to provide monitoring, protection, prevention, and treatment for our citizens. Each program is broken down into smaller areas, as shown below:

CENTER FOR COMMUNITY PREPAREDNESS

Emergency Preparedness & Responses
Pandemic Flu

CENTER FOR ENVIRONMENTAL HEALTH

Drinking Water Revolving Loan Fund
Engineering Services
Environmental Epidemiology and Toxicology
Sanitarian Services
Water System Design, Operation, and Maintenance Committee



CENTER FOR COMMUNITY AND PREVENTIVE HEALTH

Laboratory Services
Nursing Services
Oral Health
Pharmacy Services Program
State Epidemiologist
Children's Special Health Services (CSHS)
Family Planning
Genetic Diseases
STD/HIV Program
Immunization Program
Bureau of Family Health
Nutrition
Tuberculosis Control Program
Yellow Fever Vaccination Certification Program

CENTER FOR RECORDS AND STATISTICS

Records and Statistics (Vital Records)

EMERGENCY MEDICAL SERVICES

Injury Research and Prevention Program



LAVA (LOUISIANA VOLUNTEERS IN ACTION)

PRIMARY CARE AND RURAL HEALTH

Adolescent School Health Program – School-Based Health Centers
Health Systems Development
Practice Management Consulting
Recruitment and Retention Services

CENTER FOR POPULATION HEALTH INFORMATICS

Louisiana Health Care Databases Project
(In-Patient Discharge, Emergency Dept, Ambulatory Care)
Consumer Right to Know
Electronic Health Records System for Parish Health Units
Meaningful Use Reporting for Public Health
(Electronic Laboratory Data, Immunizations, Syndromic Surveillance)
Population Health Analytics – data visualization, self-service consumer portal
Behavioral Risk Factor Surveillance System (BRFSS)
Epi capacity for Vital Statistics, Health Promotions, Chronic Disease
Cross-Program Data Analysis; Data Sharing, Access Control
External Collaboration with Partners in Health-Related Organizations
Health Data Policy



THE STRATEGIC PLANNING PROCESS

The decision to seek national accreditation with the Public Health Accreditation Board provided the opportunity to re-examine priorities and practices and include input from staff and external stakeholders.

In June of 2013, the Strategic Planning Steering Committee met for the first time at a one-day retreat, led by our consultant, Laurie Call of Illinois Public Health Institute. Data and information was reviewed, and the group completed a SWOT analysis for each function of the Office of Public Health. Through this SWOT analysis the strengths, weaknesses, opportunities, and threats of the organization were identified.

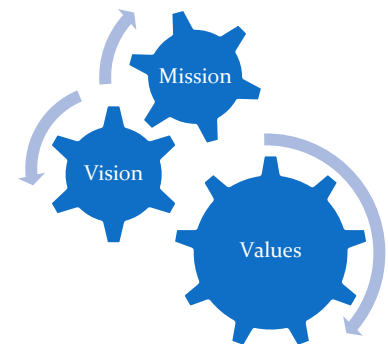
SWOT ANALYSIS

<u>STRENGTHS</u>	<u>WEAKNESSES</u>
Qualified, experienced staff located throughout the State Partnerships Statewide scope of services Programs and services that have a positive impact on residents of the State	Organizational infrastructure; including inefficiencies created through multiple layers of bureaucracy, lack of technology, and inadequate funding for addressing community needs Lack of access to timely IT support Inadequate sustainability plan Lack of agency/role specific training programs for employees Lack of cohesiveness among all levels in the agency, creates silos... therefore missed opportunities for collaboration internally
<u>OPPORTUNITIES</u>	<u>THREATS</u>
Marketing and communications Utilize existing PH infrastructure (employees) statewide in marketing campaign Utilize and increase partnerships in marketing opportunities Respected PH infrastructure (employees) throughout the State Program initiatives would have a greater impact if these resources were better utilized	Inadequate Funding; resources diminishing while needs increasing “Brain drain.” Losing experienced, trained staff. Often unable to replace. When able to replace, lack of consistent training available

The Steering Committee drafted a relevant mission and set of values, and it was as a result of this examination that the preliminary mission and values were determined by them.

The mission and values were finalized at the July meeting of the committee and were sent in a survey to the entire OPH staff for vetting. The results of the survey were overwhelmingly positive for the mission and the values, and the Mission Statement was adopted by the Office of Public Health Assistant Secretary and Deputy Assistant Secretary on August 2, 2013. The Vision was voted upon by the entire OPH staff and adopted by the Assistant Secretary and Deputy Assistant Secretary on October 29, 2013. The Values were also adopted on October 29, 2013.

Meetings of the Strategic Planning Steering Committee were held every month through conference calls and three all-day, face-to-face meetings. During the process, the goals, objectives, and actions were decided upon and a timeline for completion developed spanning the years 2014 through 2019.



MISSION

The Mission of the Office of Public Health is to protect and promote the health and wellness of all individuals and communities in Louisiana.

VISION

The Department of Health and Hospitals (DHH) Office of Public Health (OPH), characterized by a trained and highly motivated workforce, will employ science-based best practices to ensure that all people in Louisiana have the opportunity to grow, develop, and live in an environment that promotes the physical, behavioral, and social health of individuals, families, and communities.

CORE VALUES

- The Office of Public Health defines health as physical, mental, and social well-being.
- We are dedicated to assisting and serving all people with compassion and dignity.
- We value, respect, and promote diversity.
- We value individuals and communities as core partners in protecting and promoting health.
- We value the unique perspectives and contributions of all employees.
- We are committed to fostering an environment where all employees are empowered to challenge current processes and assumptions in an effort to continually improve quality and performance.
- We demonstrate integrity, accountability, professionalism, and transparency.

PRIORITIES AND OBJECTIVES

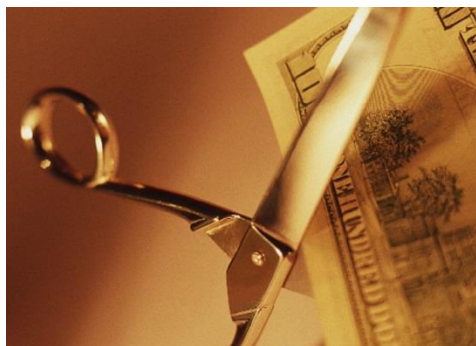
After months of discussion, the Strategic Planning Steering Committee developed five priorities for the Office of Public Health. These priorities addressed strategic issues the group felt were paramount. An underlying strategic question was developed for each of the five priorities. In answer to these questions, objectives and strategies were chosen with the most appropriate and expedient actions adopted. They are:

INCREASED FINANCIAL STABILITY

Through changes in State and Federal political landscaping, the Office of Public Health's funding has been greatly impacted over the last several years. Our State General Fund dollars have decreased while State General Fund-related expenses have continued to increase. In addition, we are projecting a 1%-2% decrease in Federal funding for FY15.

Now more than ever, we will need to focus on maximizing collections of our allocated revenue. For instance, the Permit Unit is redirecting their resources in an effort to recoup funds for delinquent permits. We are also working on ways to streamline our procedures so we can maximize our Medicaid collections. We have already begun to see the fruits of our labor in the current year. So far, we have collected \$1.5 M over our projected amount in Medicaid funding. Over the past 5 years, we have become accustomed to hiring and spending freezes; therefore, we have made adjustments to our spending habits by prioritizing our necessities. By prioritizing what we spend, we are placing ourselves in a posture to project a surplus in revenue.

By continuing conservative spending patterns, aggressively collecting other revenue sources, and being creative with the resources we currently have, the agency will be able to prioritize what services we provide as opposed to letting instability in revenue dictate these critical decisions.



MEANINGFUL INTERNAL AND EXTERNAL COLLABORATION

Collaboration is working with each other to do a task and to achieve shared goals. As an agency, our shared mission is to protect and improve the health and wellness of all individuals and communities in Louisiana. Improving our internal and external collaborations will help our agency in achieving this goal. The strategic planning committee recognizes that in order for our agency to be successful in its mission, we need to capitalize on one of our greatest strengths: our public health workforce. The question is raised, how can we as an agency improve communication and data sharing internally in order to achieve more meaningful internal collaborations? Similarly, the committee recognizes that our agency must enhance partnerships with stakeholders in order to face the challenges that exist in improving the health and wellness of our citizens. How can we better explain public health services to the community at large in order to enhance partnerships?

IMPROVED WORKFORCE DEVELOPMENT

The seven questions identified in previous meetings of the Office of Public Health staff show the importance of improving and enhancing workforce development with a solid plan and goals for implementation. The following questions should be answered in a process to improve workforce development for the agency:

1. How can we ensure that employees are better trained, informed, and educated in their job roles and responsibilities?
2. How can workforce development help us achieve initiatives, including Public Health Accreditation? Why is it essential to make certain that employees have the knowledge and skills needed to excel in their particular jobs?
3. How can we ensure that all staff receives diversity awareness and cultural competency training that has been identified as skill sets important for every member of this agency?
4. How can we address the loss of institutional knowledge due to retirements, layoffs and attrition, and the imperative for effective succession planning?
5. How can we promote, encourage, and support creative thinking and the development of knowledge and skills to think across sectors and disciplines,

which is required to craft public health solutions in an environment of decreasing resources?

6. How can we enhance our workforce development in order to attract and encourage more recent graduates as well as experienced professionals to seek to join our organization?
7. How can we improve the quality of our workforce development programs and initiatives to increase retention of our skilled staff and help us invest in better outcomes?

REDUCED HEALTH DISPARITIES

The National Conference of State Legislatures defines health disparities as population-specific differences in the presence of disease, health outcomes, quality of health care, and access to health care services that exist across racial and ethnic groups. Health starts in our homes, schools, workplaces, neighborhoods, and communities according to Healthy People 2020. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended vaccinations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some of the population is healthier than others and why citizens of Louisiana generally are not as healthy as the rest of the country.

Social determinants of health are conditions in the environments in which people are born, grow, live, learn, work, play, worship, and age, that affect a wide range of health, functioning, and quality of life outcomes and risks. The five key areas include economic stability, education, social and community context, health and health care, and neighborhood and built environment. These areas are shaped by the distribution of money, power, and resources at global, national, state, and local levels.

Just like Healthy People 2020 highlights the importance of addressing the social determinants



of health by including, “Create social and physical environments that promote good health for all,” as one of the four overarching goals for the decade, the strategic planning committee has identified reduced health disparities as one of five strategic issues the Office of Public Health has to address to improve the state’s ranking, improve the health of the population, and fulfill its mission.

HEALTH INFORMATION TECHNOLOGY INFRASTRUCTURE, UTILIZATION, AND INTEGRATION

- **Infrastructure:** The hardware and software solutions needed to effectively conduct our businesses. Key components of integration besides hardware and software include careful writing of Requests for Proposal (RFPs), Intents to Bid (ITBs), and contracts, to reduce the possibility of not receiving what is intended during the scope of work. Maintenance costs for ongoing support by the vendor must be manageable. Hosting and backups must have a solid plan. Development must always include components needed for easy integration with other applications as appropriate.
- **Utilization:** We collect necessary data to effectively deliver all the services and functions of Public Health, making reasonable and well-planned decisions about analyzing that data in a comprehensive way. Appropriate use of technology makes this process much more efficient and accurate when correctly configured and utilized.
- **Integration:** Ensuring that the architecture of what we procure will interact appropriately with related systems to avoid double entry or redundancies in data storage. To ensure HIPAA compliance, people can access all but only as much as they need to best perform the duties of their offices. Well done integration allows human power to be focused on the analyses and related interventions and actions, rather than struggling with the data to force it to work together and making do with inadequately matched data.

Explaining why the group thought it was a strategic issue.

With the reductions in federal and state budgets leading to fewer staff needing to do the same or more work as before, working smarter is critical. Also, in order to stay relevant in the national arena of Meaningful Use, health care reform, and Public Health Accreditation, OPH must advance its technical infrastructure in order to meet the standards and requirements of these efforts which are unfolding. Also, it was clear to the group that a focus on the current situation with technical support was required in light of the difficulties that have been experienced and the frequent outages of mission-critical systems.

How does the strategic issue affect public health?

This issue affects every area of public health today. In the health units, there is a difficult burden to collect minimal data during patient visits. This data does not allow ready analysis or quality control, and negatively affects our ability to

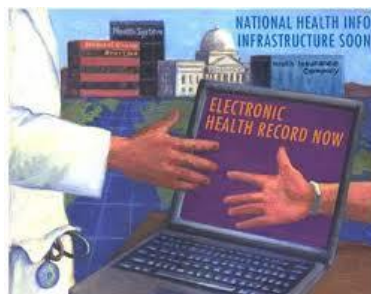
generate revenue. In the infectious disease sections, improvement is needed in the ability to analyze data across programs. As a condition of grant awards, electronic participation in electronic reporting efforts is required, and a number of payers no longer wish to receive paper reports or phone calls. Restaurant and food inspections are being hindered by lack of integrated and fully-featured software. Emergency Operations require ready access to robust, functioning equipment at a moment's notice. The Louisiana Office of Public Health Laboratory requires much more electronic processing power than ever before.

These are only some examples of requirements that not only provide efficiency and the ability to do more work with less staff, but that allow public health to utilize data for performance improvements. Collaborating and sharing data where appropriate generates a more holistic approach to our work. As a result, staff can spend a larger share of time doing these analyses and discovering new ways to improve the health of the state, rather than struggling with data entry and cleaning. Highly technical tasks, formerly done manually, can be moved to a well-planned application, leaving staff free to perform the higher-level tasks, including monitoring, strategic planning, and performance management and improvement.

Priorities named by the group include:

- Electronic Health Records (EHR)
- Updating outdated applications in environmental health
- Electronic Benefits Transfer (EBT) for Women, Infants, and Children (WIC) Program
- Central location and interoperability for all data to be accessed
- Smart use of technology to achieve goals around health initiatives
- Achieve Phoenix integration
- Health Information Exchange (LaHIE)
- Engineering and sanitation applications for efficiency
- Meaningful dashboards across programs

Once the committee decided on these goals, strategies, objectives, and actions, performance measures were established. From there, appropriate time lines were set. Each strategic question may have more than one objective, and each objective may have more than one action.



INCREASED FINANCIAL STABILITY

STRATEGIC QUESTION #1: How does OPH increase and stabilize its financing and eventually become self-sustaining?

GOAL

Increase financial stability by more efficient utilization of resources and increased revenue.

SMART Objective#1

Employ business practices to increase revenue by a minimum of 10% annually over the next five years, beginning July 1, 2014 (excluding state general funds and statutory dedications).

Strategy

Develop new funding sources

Action Steps

July 1, 2014 – June 30, 2019 (Year 1-5)	<ul style="list-style-type: none">- Increase the number of private insurers from which OPH can receive reimbursement- Increase visit volume by seeking referrals
July 1, 2014 – June 30, 2019 (Year 1-5)	<ul style="list-style-type: none">- Enroll and bill Durable Medical Equipment (DME) providers for Medicaid Prepaid Bayou Health (BH) Plan and bill pharmaceutical through Take Charge Plus- Increase service volume through community awareness
July 1, 2014 – June 30, 2019 (Year 1-5)	<ul style="list-style-type: none">- Collect all possible co-pays on services provided- Implement use of credit card payments- Systematically bill and collect for outstanding co-pays
July 1, 2014 – June 30, 2019 (Year 1-5)	Increase reimbursable services (new products) and pharmaceuticals for OPH programs
July 1, 2014 – June 30, 2019 (Year 1-5)	Secure approval of State Plan Amendment (SPA) to allow submission of an approved cost report for OPH
July 1, 2014 – June 30, 2015 (Year 1)	Increase product registration fee from \$20.00 to \$27.00 as allowed in LA legislation

July 1, 2014 – June 30, 2015, and subsequent years (Year 1-ongoing)	Examine all fees across OPH and prepare a legislative package to increase fees in Engineering, Sanitarian Services, Bureau of Emergency Medical Services (BEMS), etc.
July 1, 2015 – June 30, 2016 (Year 1-2)	Convert lab from cost allocation to fee for service

Strategy

Employ 10 new business practices that move OPH toward becoming financially self-sustaining

Action Steps

July 1, 2014 – June 30, 2015 (Year 1 and ongoing)	<ul style="list-style-type: none"> - Implement EHR with robust billing - Train clinical staff on collecting needed client info - Utilize appropriate billing codes - Train staff on entering appropriate billing codes - Employ adequate personnel to work denials, lost bills, lost opportunities
July 1, 2015 – June 30, 2016 (Year 2)	Consolidate all revenue collection into the revenue collection unit within the Budget Office and identify mechanisms to fully collect fees owed to OPH
July 1, 2014 – June 30, 2015 (Year 1)	Track and report visit and claim data from COGNOS and electronic health record data with continuous feedback to the regions.
July 1, 2014 – June 30, 2015 (Year 1)	Track and report productivity data for all employees, clinical and other
July 1, 2015 – June 30, 2016, and ongoing (Year 2-ongoing)	Link productivity to employee performance evaluations and merit increases, or at least recognize efficiency as a virtue
July 1, 2014 – June 30, 2019 (Year 1-5)	Implement Performance Improvement (PI) and Quality Improvement (QI) initiatives to reduce costs and increase efficiencies



SMART Objective #2

Reduce the amount of federal funds not being utilized by 10% per year over the next five years beginning July 1, 2014.

Strategy

Decrease the amount of Women, Infants, and Children Program (WIC) money returned to the federal government.

Action Steps

July 1, 2014 – June 30, 2015, and ongoing (Year 1-ongoing)	Increase WIC participation where possible
July 1, 2014 – June 30, 2015, and ongoing (Year 1-ongoing)	Increase the number of providers that provide WIC services, as well as client numbers

Strategy

Assess all programs returning funds to the federal government and develop a plan to decrease the return rate.

Action Steps

July 1, 2014 – June 30, 2015 (Year 1)	Evaluate all federal programs returning federal funding
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Strategy

Decrease unspent federal funds by decreasing time to hire or secure an approved contract

Action Steps

July 1, 2014 – June 30, 2015, and ongoing (Year 1 - ongoing)	Improve the hiring and contracting process to ensure timely expenditure of available funds
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Strategy

Fully utilize existing Federal revenue sources beginning in FY15.

Action Steps

July 1, 2014 – June 30, 2015, and ongoing (Year 1 – ongoing)	- Ensure accuracy when coding - Ensure the correct grant is being charged
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SMART Objective #3

Increase resources by 10% annually over the next five years through the strengthening of partnerships, beginning July 1, 2014.

Strategy

Seek additional sources of revenue

Action Steps

July 1, 2014 – June 30, 2015 -ongoing (Year 1 – ongoing)	Increase the amount and type of federal funding received.
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Strategy

Increase funding and in-kind contributions from the parish governments

Action Steps

July 1, 2014 – June 30, 2015, and ongoing (Year 1 – ongoing)	Approach parish governments for additional funding for specific projects (i.e., nurses for reproductive health)
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Strategy

Partner with Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) to provide synergistic services.

Action Steps

July 1, 2014 – June 30, 2015, and ongoing (Year 1 – ongoing)	Create a forum for interaction among FQHCs, RHCs, and Public Health
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Strategy

Increase the number of Cooperative Endeavors (CEAs) and Interagency Agreements (IATs) entered into beginning FY15.

Action Steps

July 1, 2014 – June 30, 2015, and ongoing (Year 1 – ongoing)	Increase CEAs and IATs with state and private partnerships to expand community-based public health services
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SMART Objective #4

Increase state general funding by 5% annually over the next five years, beginning July 1, 2014.

Strategy

Work closely with the legislature to increase, or at least stabilize, public health funding.

Action Steps

July 1, 2014 – June 30, 2015, and ongoing (Year 1 – ongoing)	<ul style="list-style-type: none">- Advocate for public health funding in the best interest of the residents- Show impact of monies spent on public health
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Strategy

Integrate public health into a broader and coordinated program of increased education, access, and surveillance.

Action Steps

July 1, 2014 – June 30, 2015, and ongoing (Year 1 – ongoing)	Increase partnerships with other state and local agencies
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Strategy

Prove the value of public health through increased awareness at the state and local level.

Action Steps

July 1, 2014 – June 30, 2015, and ongoing (Year 1-ongoing)	Encourage local regional administrators/physicians to constantly reach out to the public through talks, publications, participation in partnerships, and community volunteerism
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MEANINGFUL INTERNAL AND EXTERNAL COLLABORATION

STRATEGIC QUESTION #2: How can the Office of Public Health develop and promote meaningful internal and external collaboration?

GOAL #1

Operate as a cross-functional, cohesive agency throughout all programs, services, and regions, while being reliable and responsive and meeting national standards.

SMART Objective #1

Implement an agency-wide internal communication strategy by April 2015.

Strategy

Develop standards and protocols for written internal communication to ensure that business processes are consistent statewide.

Action Steps

November 2014- January 2015 (Year 1)	Compile list of policies and procedures
December 2014 (Year 1)	Identify center and programmatic communication leads to add messages to SharePoint and participate in training by Center for Population Health Informatics
December 2014- January 2015 (Year 1)	Research standards and protocols for best practices within the agency from other governmental, private, and nonprofit groups
By February 2015 (Year 1)	Develop and distribute a needs assessment, seeking input throughout the agency
By March 2015 (Year 1)	Analyze the results of needs assessment
By March 2015 (Year 1)	Develop the communication standards and protocols
By March 2015 (Year 1)	Committee to review the protocols and ensure that they address the results of the needs assessment, i.e., that accurate information is shared early and efficiently throughout the agency, particularly about key issues that affect OPH business practices
By April 2015 (Year 1)	Standards and protocols are shared with OPH administration, reviewed, approved, and signed
April 2015 (Year 1)	Final communication standards and protocol distributed internally

Strategy

Utilize existing centralized data system, SharePoint, to improve coordination and consistency throughout agency.

Action Steps

December 2014-January 2015 (Year 1)	Identify statewide SharePoint Coordinator and key program and leadership staff that will have contribution/super user rights to entering information (limit users to ensure accurate information)
By August 2015 (Year 2)	Train super users on posting to SharePoint, i.e., relevant agency policies, billing practices, administrative code with updates (in coordination with Health Information Technology [HIT] plan)
By August 2015 (Year 2)	SharePoint coordinator to develop protocols for posting information to site; goal to ensure that the site is updated, especially regarding agency business practices.
By August 2015 (Year 2)	Develop short training webinar on use of SharePoint for all OPH employees at all levels
By September 2015 (Year 2)	All staff trained on OPH use of SharePoint via Webinar made available agency-wide by September 2015
By September 2015 (Year 2)	Grant access to SharePoint for all OPH employees
By October 2015 (Year 2)	Encourage networking of OPH staff utilizing SharePoint by developing opportunities for staff to interact and staff trainings

GOAL #2

OPH is valued and recognized as a public health leader in Louisiana and facilitates partnerships for the alignment of efforts and overall impact on health and wellness of individuals and communities.

SMART Objective #1

Develop and implement a community-focused public health marketing campaign by July 2017 to convey the value of public health.

Strategy

Rebrand OPH with new brand that is reflective of OPH's mission and values.

Action Steps

By December 2015 (Year 2)	Identify marketing firm as a contractor
October 2015- October 2016 (Year 2)	Gather information and prioritize issues for brand development
By March 2016 (Year 2)	<ul style="list-style-type: none"> - Identify areas for improvement with current brand and how OPH should be perceived by the public - Consider OPH's mission and vision in determining proposed public perception and create ideas for brand
By July 2016 (Year 3)	Distribute rebranding ideas agency-wide for comment via staff survey
By December 2016 (Year 3)	Workgroup to analyze survey responses and revise proposal
By March 2017 (Year 3)	Workgroup to send top brand ideas to OPH administration
By June 2017 (Year 3)	OPH administration to review and submit to DHH leadership for approval
By July 2017 (Year 4)	<ul style="list-style-type: none"> - Agency-wide training on new brand - Employees to act as ambassadors
By July 2017 (Year 4)	<ul style="list-style-type: none"> - Rebrand complete - Rollout agency wide

Strategy

Utilize a marketing campaign to promote the value of public health.

Action Steps

By May 2015 (Year 1)	Identify contractor to develop a marketing campaign
By July 2015 (Year 2)	Contractor to review state health improvement plan (SHIP) and prioritize issues for brand/campaign
By September 2015 (Year 2)	Develop marketing campaign to highlight the new OPH brand
By September 2015 (Year 2)	Contractor to analyze staff response to messages
By October 2015 (Year 2)	Contractor to finalize rebranding/marketing campaign to send to OHP leadership
By January 2016 (Year 2)	OPH/DHH leadership to review and approve marketing campaign
By February 2016 (Year 2)	Rollout of marketing campaign
By February 2016 (Year 2)	Update DHH website with new campaign materials

By February 2016 (Year 2)	Train program and regional leadership on crafting messages that are clear and concise
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SMART Objective #2

Ensure that OPH is represented on all appropriate state and local population health groups by January 1, 2016.

Strategy

Identify and share Public Health (PH) messages/resources with stakeholders.

Action Steps

By August 2015 (Year 2)	Each public health region to identify existing groups who convene around health issues
August 2015 (Year 2)	OPH administration at regional level to participate in boards, commissions, etc.
October 2015 (Year 2)	<ul style="list-style-type: none"> - Create databases with stakeholder information to improve information sharing - Cross with IT plan to make data more available
November 2015 and ongoing (Year 2 and ongoing)	Educate the community on available public health services
November 2015 and ongoing (Year 2 and ongoing)	Share information and keep local elected officials and other stakeholders updated through regular email bulletins blasts
By November 2015 (Year 2)	Create regional OPH websites

Strategy

Develop strategies to improve health of Louisiana residents at the state and local level by participating in Healthy Communities Coalition.

Action Steps

By June 2015 (Year 1)	Identify lead at the local level most appropriate to convene group of key stakeholders to participate as a regional health promotions group
June 2015-November 2015 (Year 1-2)	Ensure that health promotion group is convened in each region to inform the community needs assessments and State Health Improvement Plan (SHIP); involve the DHH/OPH Center for Population Health Informatics
By November 2015 (Year 2)	Local groups to address the issues identified via the community needs assessment/State Health Improvement Plan and other local and state reports
November 2015-April 2016 (Year 2)	Research best practices for prioritized issues/promote health
April 2016 (Year 2)	Seek new resources, including local resources, to implement strategies
May-July 2016 (Year 2-3)	Align available state/federal resources for proposed strategies
By September 2016 (Year 3)	Implement one health promotion activity in two OPH Regions
Ongoing after September 2016 (Year 3 and ongoing)	Conduct an evaluation of health promotion activity



IMPROVED WORKFORCE DEVELOPMENT

STRATEGIC QUESTION #3: How can the Office of Public Health attract and retain a workforce that is competent and diverse, plan for succession to maximize productivity, deliver high quality service, and improve outcomes?

GOAL:

OPH attracts and retains a competent and diverse staff throughout our workforce to maximize productivity, deliver high quality service, and improve outcomes.

SMART Objective #1

Create a comprehensive plan for Workforce Development for Public Health Professionals in the Office of Public Health.

Strategy

Review results of Association of State and Territorial Health Officials (ASTHO) Public Health Workforce Interests & Needs Survey.

Action Steps

By October 30, 2014 (Year 1)	Review ASTHO Public Health Workforce Interests & Needs Survey
By December 2014 (Year 1)	Develop and distribute a modified survey to other OPH workers (contract workers and a larger group of OPH staff)
By February 2015 (Year 1)	Report findings of both OPH Workforce Development (WFD) needs assessments by February 2015
By March 2015 (Year 1)	Develop a Work Force Development taskforce (WFD) to review results and conduct a gap analysis and to review DHH/HR trainings that are currently in place for staff
March 2015 – May 2015 (Year 1)	<ul style="list-style-type: none">- Review results and conduct a gap analysis- Collaborate with Department of Health and Hospitals (DHH) and/or Human Resources (HR), Civil Service, and OPH administration

Strategy

Revise existing Workforce Development plan and provide updates based on findings of the assessment and best practices.

Action Steps

June 2015- December 2015 (Year 2)	Use results of OPH surveys
	Review existing Workforce Development plans by programs
	Review best practices and workforce plans from other states

Strategy

Collaborate with Center for Community Preparedness (CCP) and Emergency Medical Services (EMS), and other stakeholders to revise and provide updates based on findings of training needs assessment and best practices.

Action Steps

June 2015- December 2015 (Year 2)	Revise Workforce Development plan
By May 2016 (Year 2)	Outline training requirements based on plan revisions



SMART Objective #2

Develop an OPH specific career progression chart by December 2015.

Strategy

Develop a Career Progression Committee.

Action Steps

By February 2015 (Year 1)	OPH administration will make recommendations on participants of an employee education-specific subcommittee
	Research Civil Service progression policies

Strategy

Collaborate with DHH HR and Civil Service to develop and inform OPH related career progression charts to aid the succession planning workgroup.

Action Steps

February 2015- December 2015 (Year 2)	Work with DHH HR and Civil Service to determine progression charts related to OPH professionals
	<ul style="list-style-type: none">- Develop a plan to encourage and facilitate employee opportunities to obtain continuing education to build on core competencies- Support membership in professional organizations

SMART Objective #3

Implement a comprehensive, statewide worksite wellness program by July 1, 2016, with a participation goal of 75% of all employees.

Strategy

Recruit and engage an agency Employee Worksite Wellness Committee (EWWC).

Action Steps

By December 2014 (Year 1)	OPH administration will determine who needs to be represented
By January 2015 (Year 2)	Identify key people, skill sets, and titles that will be needed to form an OPH wellness committee
January 2015- February 2015 (Year 1)	Invite point persons/champions to participate on the committee.

Strategy

Convene an OPH Employee Worksite Wellness Committee (EWWC) led by Health Promotions team.

Action Steps

By March 2015 (Year 1)	Convene workgroup above.
	Make inquiries to other state public health organizations to provide information about worksite wellness programs for state agencies and determine OPH wish list

Strategy

Conduct baseline worksite wellness assessment.

Action Steps

May 2015-June 2015 (Year 1)	Develop an appropriate employee wellness and worksite wellness survey via Catapult®
	Disseminate survey
June 2015- (Year 1)	Review results of worksite wellness portion of the workforce development assessment/survey

Strategy

Draft a statewide Worksite Wellness Program with measurable goals.

Action Steps

July 2015-October 2015 (Year 2)	Build on Well Ahead expectations and exceed them to promote OPH worksite and employee wellness program
October 2015-December 2015 (Year 2)	Coordinate with Well Ahead activities to develop a comprehensive statewide worksite wellness plan utilizing available resources

Strategy

Implement Worksite Wellness Program (WWP).

Action Steps

By January 2016 (Year 2)	Increase awareness and education outreach and events throughout the state on new comprehensive initiative
	Implement the activities and strategies contained in the Employee Worksite Wellness Committee (EWWC)



SMART Objective #4

Compile information around specific workforce and succession planning topics by July 1, 2017, to aid Office of Public Health leadership in determining future staffing needs.

Strategy

Form interagency succession planning workgroup.

Action Steps

By January 2016 (Year 2)	OPH administration will develop a workgroup around key public health employment areas (Environmental Health, clinical staff, Emergency Preparedness, leadership, Budget Office, etc.)
	Based on results of ASTHO survey & career progression information, determine current and future trends and opportunities for workforce development with an aim at succession planning
	Identify key leadership, staffing levels, skill sets, titles, and retirees that will be needed to perform OPH functions for the next 36 months

Strategy

Collaborate with key stakeholders (DHH Human Resources, State Civil Services, schools of public health, and other public health organizations).

Action Step

By February 2016 (Year 1)	Meet with key DHH Human Resources and Civil Service personnel to consider staffing needs, review of agency job titles, and any pending changes in legislation
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Strategy

Assess OPH needs and gaps and prioritize the gaps using forecasting tools.

Action Steps

July 2016 (Year 2)	Identify the job titles needed to perform OPH functions
July 2016- December 2016 (Year 2)	Create a profile of all current OPH staff

Strategy

Develop the succession plan.

Action Step

January 2017- July 2017 (Year 2)	Meet with OPH administration and develop the succession plan
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REDUCED HEALTH DISPARITIES

STRATEGIC QUESTION #4: What must the Office of Public Health do to ensure optimal health outcomes for everyone across the State?

GOAL

Lead and continually improve a public health system that identifies and reduces inequities to improve health outcomes and quality of life in Louisiana.

SMART Objective #1

Assess, identify gaps, and define data sets and policies that contribute to disparities in health.

Strategy

Conduct an environmental scan and use the data from the Center for Health Informatics and other data sources to identify and address health disparities, especially disparities related to race/ethnicity, age, gender/gender identity, disability, socioeconomic status, religion, geographic location, or other characteristics historically linked to discrimination or exclusion.

Action Steps

October 2014-2016 (Years 1-3)	<ul style="list-style-type: none">- Review inventory of databases (HITI, Obj. 2) and identify gaps in data needs- Develop and conduct a survey of existing technology (HITI, Obj. 2) and identify which programs need upgrades for interfacing- Increase data availability and usage to address health disparities
October 2016-2019 (Years 3-6)	Advance knowledge and innovation through research to identify effective strategies to eliminate health disparities



Strategy

Identify public policies that address social conditions impacting health and aid in closing the health status gap.

Action Steps

Oct 2014 – Oct 2015 (Years 1-2)	Identify laws, regulations that drive health disparities/health inequity
October 2015-2016 (Years 2-3)	Review literature and practices of other health departments that are working to bridge public health and economic development
October 2016-2018 (Years 3-5)	Develop parish profiles with top 10 health disparities for each parish along with strategies to impact health in the parish
October 2016-2017 (Years 3-4)	Review national recommendations and policy assessment tools, such as Center for Law and Social Policy (CLASP), Zero to Three, as well as others

Strategy

Enhance public health communications internally and externally.

Action Steps

Oct 2016 – Oct 2019 (Years 3-6)	Develop/support/maintain a website (to be included with OPH's new campaign material – Collaboration, Goal 2, Obj. 1) that serves as a repository for data, toolkits, issues briefs, training links, etc., for internal and external partners and programs
Oct 2015 – Oct 2016 (Years 2-3)	Assist with the publication of Minority Health Report and fact sheets for Louisiana residents
Oct 2015 – Oct 2017 (Years 2-4)	Ensure that communication strategies and modalities to improve health literacy, contained in the communication standards and protocol, for all OPH staff and clients match their health literacy level (Collaboration – Obj. 1)

Strategy

Inform the community of health disparities through expanded media campaigns (print, TV, internet, and social media).

Action Steps

Oct 2018 – Oct 2019 (Years 5-6)	<ul style="list-style-type: none">- Develop PSAs- Secure media agreements- Conduct town hall meetings
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SMART Objective #2

Transform OPH's infrastructure and organizational culture to achieve a more integrated response to health disparities in all daily work and services provided over the next five years.

Strategy

Build, support and fully utilize a diverse, culturally and linguistically competent workforce capable of working in cross-cultural settings and committed to eliminating health inequities.

Action Steps

Oct 2014 – Oct 2019 (Years 1-6)	<ul style="list-style-type: none">- Revise workforce development plan, (including language on how to address eliminating health inequities) (WFD, Obj. 2)- Provide robust learning opportunities for staff on cultural and linguistic competency, and cultural humility
Oct 2016 – Oct 2019 (Years 3-6)	<ul style="list-style-type: none">- Develop an OPH curriculum for undergraduate and graduate internships for OPH rotations- Provide internships focused on health disparities for graduate and undergraduate public health students

Strategy

Coordinate and integrate health disparity efforts and resources within and across agency programs for maximum effect and sustainability.

Action Steps

Oct 2014 – Oct 2016 (Years 1-3)	Develop health equity core principles and standards for OPH programs and agency's daily functions
Oct 2014 – Oct 2016 (Years 1-3)	Align core principles of OPH programs and agency's daily functions with core principles of health equity
Oct 2014 – Oct 2016 (Years 1-3)	Develop, identify and implement health equity standards in programs, policies/protocols, etc.
Oct 2015 – Oct 2019 (Years 2-6)	Develop/implement health literacy policies and protocols across all state agencies for printed materials, oral exchange, staff and volunteer orientation, staff skills-building, etc.
Oct 2015 – Oct 2019 (Years 2-6)	Use evidence-based practices and interventions
October 2015-2019 (Years 2-6)	Assist in the analysis of health statistics and development of agency-specific programs that promote health literacy and improved health outcomes
Oct 2015 – Oct 2017 (Years 2-4)	Promote better medical interpreting and translation services and a greater use of community health workers

Strategy

Increase resources and investments to eliminate health status gaps.

Action Steps

Oct 2014 – Oct 2019 (Years 1-6)	OPH commits resources to improve the public health system for all
Oct 2014 – Oct 2019 (Years 1-6)	Seek new, flexible funding to address social determinants of health

Strategy

Ensure OPH patients/clients and families equitable access to safe, respectful, responsive, compassionate patient-centered care and services that create an excellent patient experience and improve health outcomes.

Action Steps

Oct 2014 – Oct 2016 (Years 1-3)	Redesign the clinical service delivery process to increase access to care
Oct 2014 – Oct 2015 (Year 1-2)	Add signs to help patients/clients and families navigate the clinic visit process
Oct 2015 – Oct 2017 (Years 2-4)	Implement delivery of services in preferred/primary language
Oct 2015 – Oct 2017 (Years 2-4)	Develop and implement skills: build trainings on patient-centered care to ensure an OPH workforce that is respectful of and responsive to individual patient preferences, needs, and values
Oct 2015 – Oct 2016 (Years 2-3)	Enhance clinician-patient partnerships and improve communication, documentation, and continuity and safety of care using an EHR and portals for patients to interact with their clinicians' EHR
Oct 2016 – Oct 2018 (Years 3-5)	Incorporate interactive kiosks/public Internet workstations in health units to improve access to agency services and educational trainings
Oct 2015 – Oct 2016 (Years 2-3)	Create patient "advisors" and/or a patient advisory council to engage patients and families in organizational, programmatic, and clinical decision-making to provide perspective and feedback about the patient experience
Oct 2014 – Oct 2015 (Years 1-2)	Establish measurements of performance and feedback to improve patient-centered care

SMART Objective #3

Enhance the capacity of communities to engage in healthy living and eliminate health disparities.

Strategy

Communicate, document, and champion best-practices in eliminating health disparities.

Action Steps

Oct 2016 – Oct 2019 (Years 3-6)	Educate and regularly update organizational leadership and policymakers about current trends in health disparities
Oct 2017 – Oct 2019 (Years 4-6)	Compile and review instruments that assist community-based organizations to engage in evaluation and the measurement and use of health equity indicators
Oct 2017 – Oct 2019 (Years 4-6)	Develop a specific plan of action for policy change using a structured tool, such as the "Real Clout" workbook

Strategy

Cultivate and expand community-driven partnerships and collaboration across multiple sectors to identify problems, set priorities, increase resources/ investments, and implement effective activities to eliminate health disparities.

Action Steps

Oct 2015 – Oct 2019 (Years 2-6)	Engage communities and community leaders in ongoing dialogue about strategies to promote health equity
Oct 2017 – Oct 2019 (Years 4-6)	Support community-led efforts which build capacity and promote sustainability of health equity programs
Oct 2014 – Oct 2016 (Years 1-3)	Identify key interagency and external state and local level partnerships that can be fostered and potentially aligned
Oct 2016 – Oct 2019 (Years 3-6)	Collaborate with the health professional community to identify and address health disparities
Oct 2016 – Oct 2019 (Years 3-6)	Ensure linkages and participation of communities in OPH's Health Promotion initiative (Solicit authentic community voices in all OPH programs)



HEALTH INFORMATION TECHNOLOGY AND INFRASTRUCTURE

STRATEGIC QUESTION #5: How will OPH advance its technical infrastructure, integrate disparate systems, and enhance data collection and analysis capacity to support health services delivery throughout public health?



GOAL #1:

Adopt and maintain an up-to-date IT infrastructure to ensure a well-equipped workforce that has the tools to meet or exceed performance standards and funding requirements.

SMART Objective #1

Create and empower a centralized OPH IT Strategic Planning Tech Team by November 2014, consisting of representatives from Administration, Population Health Informatics, and all OPH centers and bureaus, working in close coordination with the Division of Administration's Office of Information Technology.

Strategy

Form IT Strategic Planning Tech Team.

Action Steps

October 2014 - November 2014 (Year 1)	Create a directory of technical leads throughout OPH for every program by Nov 2014
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SMART Objective #2

Evaluate the use of information technology to develop a strategic master plan to create a path toward the upgrade of technology solutions to the needs of the Office of Public Health, over the next five years.

Strategy

Develop an IT strategic plan based on OPH hardware and software needs.

Action Steps

October 2014 - November 2014 (Year 1)	<ul style="list-style-type: none">- Meet monthly to plan and develop an IT strategic plan. Assign chair or co-chair and other member roles- Develop team charter and meeting schedule- Hold and document meetings starting November 2014. This group will meet monthly; however every other month will be devoted to discussing hardware/software needs and solutions, and the alternate month will be to discuss data needs
October 2014 - January 2015 (Year 1)	Review DHH-IT inventory of databases in use by OPH by Jan, 2015
October 2014 - March 2015 (Year 1)	Develop and conduct a survey of existing technology and hardware/software needs in six months; include questions on preferred frequency of training by March 2015
October 2014 - March 2015 (Year 1)	Conduct review of OPH help desk tickets; analyze recurring themes, common problems
October 2014 - June 2015 (Year 1)	Procedures documented and in place for procurement of IT infrastructure (hardware and software), to include justifications, applicable grant requirements, deliverables, or other explanations for the proposed purchase
October 2014 - June 2015 (Year 1)	Conduct quarterly reassessments of strategic plan beginning in years 2 through 5, beginning September 2015

Strategy

Conduct statewide trainings on software and standards of value to OPH statewide, based on survey results and suggested frequencies of training.

Action Steps

March 2015 - June 2019 (Years 1-5)	<ul style="list-style-type: none">- Prepare OPH staff for technology changes- Develop training materials- Increase office productivity by educating and training staff to apply new technology, accomplished by quarterly trainings starting March 2015
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Strategy

Maximize use of file sharing software such as SharePoint to increase efficiency and effectiveness.

Action Steps

October 2014 - August 2015 (Year 1)	<ul style="list-style-type: none">- OPH will be able to create a webinar for new employees that explains SharePoint and how to use this tool for job duties as part of their New Employee Training- A CPHI staff person will be assigned to create the webinars for SharePoint- The new employees' managers will ensure that employees have the training completed in the required timeframe
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GOAL #2:

Leverage health information technology to maximize use and integration of data to drive decision making.

SMART Objective #3

Create data integrations between two major and three minor partners by August 2015.¹

Strategy

Conduct a data needs assessment to understand and develop a strategic plan for data access and sharing; this is a separate strategy as this addresses data access, sharing and data sources; the other strategy is focused on hardware and software solutions. The OPH IT Strategic Planning Tech Team will be involved with both sides of this endeavor; however, the other partners, such as the Center for Population Health Informatics, will be involved in certain aspects only.

Action Steps

October 2014 - April 2015 (Year 1)	Develop and conduct a survey of unmet <u>data</u> needs by April 2015 that answers, "What data are needed to be shared intra-agency and what data sources need to be obtained?"
July 2014 -June 2019 (Years 1-5)	For identified needs, develop and implement integration to meet those needs using the OPH IT Strategic Planning Tech Team: ongoing/staged

¹ A major partner is defined as sharing data on 500,000 records or more, or being used by more than 10 users simultaneously. A minor partner will be sharing data on less than 500,000 records or a system used by 10 or fewer users at once. Data integration can consist of formally merging datasets, creating automation that links records in separate datasets, or creates a new merged dataset containing relevant elements from more than one dataset for analysis purposes.

October 2014 - April 2015 (Year 1)	Convene OPH IT Strategic Planning Tech Team to 1) steer priorities, 2) identify efficiencies and reduce duplication, 3) connect technical ability throughout OPH to where it is needed, 4) navigate the approvals process for data access, 5) meet by April 2015
July 2014 - June 2019 (Years 1-5)	Assess new requirements and standards annually
October 2014 - June 2015 (Year 1)	Develop agency metadata standards/attachment page for sharing datasets between groups by June 2015

Strategy

Determine what gaps exist in OPH data that cannot currently be filled in house and determine how to fill those gaps.

Action Steps

October 2014 -June 2016 with some continuing activities (Years 1-3)	For data needed that is not currently collected, identify datasets and sources for data; determine whether the data already exist or will need to be collected and managed in 2 years with ongoing assessments to stay abreast of gaps
October 2014 - June 2019 (Years 1-5)	Assess new requirements and standards annually
October 2014 - June 2016 with some continuing activities (Years 1-2)	Creation of a data sharing technical infrastructure that either incorporates clean data in an automated and regular way, or live, read-only connections where appropriate to existing datasets in 2 years; ongoing

SMART Objective #4

Determine what gaps exist in organizational data that cannot currently be filled in-house and create a report with recommendations of how to fill those gaps by collecting a data needs assessment of 100% of OPH centers and program offices by August 31, 2015.

Strategies

Determine what gaps exist in OPH data that cannot currently be filled in house and determine how to fill those gaps.

Action Steps

October 2014 - June 2016 with some continuing activities (Years 1-2)	For data needed that is not currently collected, identify datasets and sources for data; determine whether the data already exists or will need to be collected and managed in 2 years / ongoing
July 2014 - June 2019 (Years 1-5)	Assess new requirements and standards annually
July 2014 -June 2016 with some continuing activities (Years 1-2)	Creation of a data sharing technical infrastructure that either incorporates clean data in an automated and regular way, or live, read-only connections, where appropriate, to existing datasets in 2 years; ongoing



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